FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90036 009 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000012135

1. Entity Name
MARSH HARBOUR MAINTENANCE ASSOCIATION, INC.

40098344

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134	2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134

03122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE #200 - PRIME MGT.
City & State	City & State JUPITER, FL
Zip / Country	Zip 33458 / Country USA

4. FEI Number
20-4506985
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDS, GARY 4400 PGA BVLD SUITE 900 PALM BEACH GARDENS, FL 33410	Name: GARY D. FIELDS Street Address (P.O. Box Number is Not Acceptable): 4400 PGA BLVD. SUITE 900 City: PALM BEACH GARDENS FL Zip Code: 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/7/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA BEGUIRISTAIN 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHANNON, KARR 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAX CRUZ 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LUCHEY, ANDREW 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/12/08 786-709-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA BEGUIRISTAIN, PRESIDENT